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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Ron CARR

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JRC

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Patent
Attorney's Docket No. 032994-050

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

In re Patent Application of)
Joel S. Douglas, et al.) Group Art Unit: 3763
Application No.: 10/076,907) Examiner: Roz Ghafoorian
Filed: February 13, 2002) Confirmation No.: 1881
For: SUBCUTANEOUS INJECTION SET)
WITH SECONDARY INJECTION)
SEPTUM)

APR 29 2003
TECHNOLOGY CENTER R3700

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

A Petition for Extension of Time is also enclosed.

A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.

Also enclosed is/are Information Disclosure Statement Transmittal Letter, Information Disclosure Statement, Return Postcard

Small entity status is hereby claimed.

Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	0
Independent Claims		MINUS =		× \$84.00 (1201) =	0
If Amendment adds multiple dependent claims, add \$280.00 (1203)					0
Total Amendment Fee					0
If small entity status is claimed, subtract 50% of Total Amendment Fee					0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0

A claim fee in the amount of \$ _____ is enclosed.

Charge \$ _____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,
BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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